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GRANT NUMBER: DAMD17-94-J-4507

TITLE: Managing Menopausal Symptoms in Breast Cancer Survivors

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REPORT DATE: October 1997

TYPE OF REPORT: Annual

PREPARED FOR: Commander
U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5102

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1. AGENCY USE ONLY *(Leave blank)*	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	October 1997	Annual (23 Sep 96 - 22 Sep 97)

4. TITLE AND SUBTITLE
Managing Menopausal Symptoms in Breast Cancer Survivors

5. FUNDING NUMBERS
DAMD17-94-J-4507

6. AUTHOR(S)
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7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
University of California, Los Angeles
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8. PERFORMING ORGANIZATION REPORT NUMBER

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
Commander
U.S. Army Medical Research and Materiel Command
Fort Detrick, Frederick, Maryland 21702-5012

10. SPONSORING/MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION / AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

12b. DISTRIBUTION CODE

13. ABSTRACT *(Maximum 200*

Symptoms of estrogen deprivation commonly occur in breast cancer survivors as a result of natural menopause, or menopause that is precipitated prematurely by chemotherapy or anti-estrogen therapy with tamoxifen. In this research program, we are evaluating the role of a comprehensive menopausal assessment (CMA) and intervention program for management of menopausal symptoms in breast cancer survivors. During the past funding year, we have continued recruiting women and randomizing them into the experimental or usual-care groups. The experimental group receives immediate assessment and intervention for their symptoms, while the usual-care group receives no menopause related intervention during a four month period of observation. Systematic assessment of each breast cancer survivor assigned to the intervention group permits treatment of multiple symptoms simultaneously with a variety of non-estrogen pharmacologic, educational and behavioral interventions. We will be assessing the impact of the intervention on quality of life and the resolution of specific menopausal symptoms.

14. SUBJECT TERMS	15. NUMBER OF PAGES
Breast Cancer	8
	16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	Unlimited

FOREWORD

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Patricia Stacy 10/17/97

PI - Signature / Date

Fund # DAMD17-94-J-4507

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Introduction

Breast cancer is the leading cause of cancer in women, affecting 1 in 9 women in the U.S. According to the most recent SEER data, women with breast cancer have a relative 5-year survival rate of over 75%. Earlier detection of breast cancer, as well as improvements in post-operative adjuvant therapies, have enhanced the long term survival for women with this diagnosis. Symptoms of estrogen deprivation commonly occur in breast cancer survivors as a result of natural menopause, or menopause that is precipitated prematurely by chemotherapy or anti-estrogen therapy with tamoxifen. Hormone replacement therapy, the most efficacious treatment for these symptoms, is generally contraindicated in breast cancer survivors because of its potential risk of inducing a recurrence of breast cancer. Thus, many breast cancer survivors endure considerable morbidity and impaired quality of life (QL) as a result.

This research program will evaluate the role of a comprehensive menopausal assessment (CMA) and intervention program for management of menopausal symptoms in breast cancer survivors. Using a randomized controlled design, we will assign symptomatic postmenopausal breast cancer survivors to an experimental or usual-care group. The experimental group will receive immediate assessment and intervention for their symptoms while the control group will receive no menopause related intervention during a four month period of observation. Systematic assessment of each breast cancer survivor assigned to the intervention will permit treatment of multiple symptoms simultaneously with a variety of non-hormonal pharmacologic, educational and behavioral interventions. The intervention program will be portable, and suitable for implementation in a variety of health care settings. We will evaluate the impact of the intervention on QL and the resolution of specific menopausal symptoms. QL will be assessed using standardized measures of health status, mood, and sexual functioning. Menopausal symptoms will be monitored using self-report diary cards. Our primary hypothesis is that the intervention program will lead to significant improvement in QL for breast cancer survivors.

Progress report on third year of funding

Recruitment and Subject Characteristics

During the past year, we continued accruing subjects for the randomized trial. As of October 1, 1997, a total of 177 women have been screened over the telephone. Of those, 108 (61%) were eligible and interested in participating in the study.

Women were found ineligible for four main reasons: Inadequate target symptoms (41%), Medical ineligibility (25%), Refusal to try our study medications (28%) and Already tried all our study medications (6%). There are no significant differences between the 69 ineligible women and the 108 eligible women in age, ethnicity, marital status, or tamoxifen use. Below are some demographic statistics from the two groups.

	Eligible (N=108)	Not Eligible (N=69)
Mean Age	53.5	54.7
% White	88.9%	88.4%
% Married	65.8%	68.1%
% Currently Taking Tamoxifen	45.4%	51.5%

The current status of these 108 eligible women is as follows:

41 have completed the study
- 18 in the experimental group
- 23 in the usual care group

27 are currently in the study

2 are on hold

15 have dropped out voluntarily
- 8 had no time or were too busy
- 7 had other reasons

24 were determined to be ineligible for the study after an in-person evaluation
- 9 had inadequate target symptoms
- 9 had psychiatric difficulties
- 3 cancelled their appointments and refused to reschedule
- 2 refused to take study medications
- 1 had a problem filling in our forms

The attached Tracking Flow Chart (on page 8) gives more detail about how many women have completed each phase of the study. Subject recruitment has improved greatly over the past year, although we are still looking for ways to increase accrual (see below).

Because recruitment was lower and ineligibility was higher than anticipated, we have developed additional strategies for subject recruitment. We have regularly advertised in the Los Angeles Times, and have had other public service announcements of the study. We have also distributed announcements about the study at health fairs and through breast cancer support groups. We will continue to pursue all of these approaches to ensure completion of target accrual for the study.

Target Symptoms in Study Subjects

The three target symptoms under evaluation in this study are hot flashes, vaginal dryness and urinary incontinence. Among the 108 women eligible at the telephone screener, 92% reported severe hot flashes, 37% reported vaginal dryness and 14% reported stress incontinence. Thirty seven percent of entering women reported two or more of these symptoms. During the study, women report the frequency and severity of their target symptoms on baseline and follow-up questionnaires and also on diary cards, which they fill out on a daily basis for the four weeks preceding their baseline and their follow-up visits. Change in symptoms over time will be described in the two study groups.

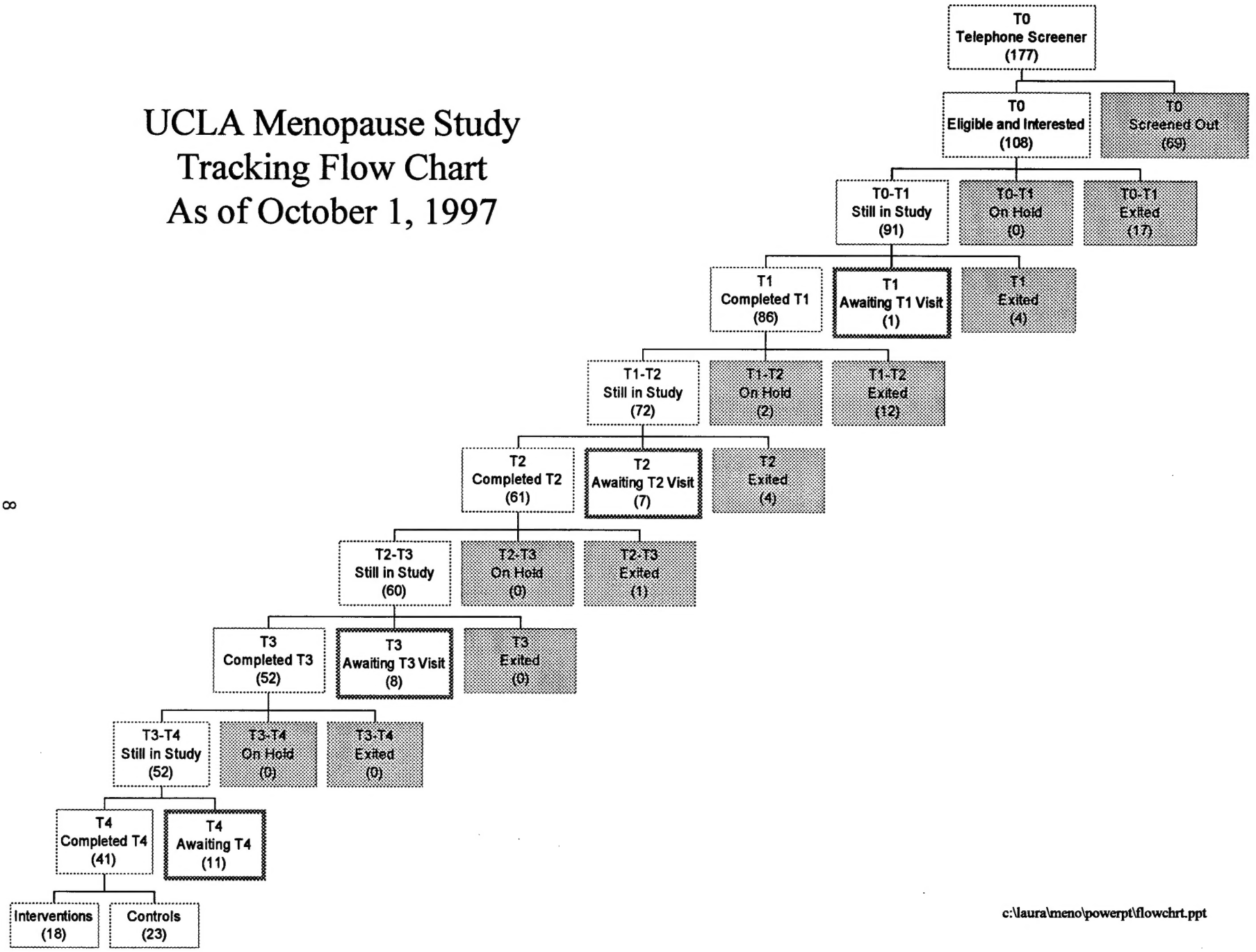
Vaginal Scales Progress

A major portion of our work this year has involved the creation of two vaginal scales from the items on our Vaginal Exam Form. This form consists of 19 items filled out by the nurse practitioner at each woman's screening visit. We made a priori hypotheses about which items might be considered for the atrophy and inflammation scales, and then looked at correlations among those items and other related items from different forms to see if the scales would be plausible. We are currently working on two papers from these analyses. The first paper will describe the method of creating the two scales, and compare characteristics of women with different scores on these new scales. The second paper will describe the differences between women taking tamoxifen and women not taking tamoxifen on a variety of domains, including the two new vaginal scales.

Conclusion

During the past year the accrual rate has increased substantially but is still below what had been anticipated. Major barriers to participation include symptoms that are not severe enough for women to consider medication and the aversion to taking medication that women describe. Many women will take vitamins and herbal preparations, but are unwilling to take an FDA approved medication for symptom relief. Our recruitment efforts through advertising have been encouraging, and we will continue our efforts to publicize the study and recruit eligible subjects. Although the original research plan called for completion of recruitment in the third year of the study, we must extend recruitment into the fourth year of the research.

UCLA Menopause Study
Tracking Flow Chart
As of October 1, 1997



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